

FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3655

BIRTH NO. 48-95020		REG. DIST. NO. 219		PRIMARY REG. DIST. NO. 6077		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BEAUVILLE T.S. c. LENGTH OF STAY (in this place) NONE				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BEAUVILLE TWP.					
d. FULL NAME OF HOSPITAL OR INSTITUTION STAR ROUTE 1 ST. GENEVIEVE MO				d. STREET ADDRESS (If rural, give location) STAR ROUTE 1 ST. GENEVIEVE MO					
3. NAME OF DECEASED (Type or Print) a. (First) PEGGY b. (Middle) IRENE c. (Last) RICE			4. DATE OF DEATH (Month) (Day) (Year) JAN 12 1949						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE (1)		8. DATE OF BIRTH DEC 18 1948			
9. AGE (In years last birthday) 25		10. MONTHS 12		11. BIRTHPLACE (State or foreign country) MISSOURI (1)		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHARLES LEON RICE			13b. MOTHER'S MAIDEN NAME RUBY IRENE JONES			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NO			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Leon Rice St. Mary's Hosp. Ste. Genevieve			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fermentative Diarrhea. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 764.0 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH One week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ste Genevieve County Mo		21f. HOW DID INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jan 12, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 6:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Arthur E. Schaefer M.D.				23b. ADDRESS Ste Genevieve Mo		23c. DATE SIGNED 1-12-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1/13/49		24c. NAME OF CEMETERY OR CREMATORY PARKER CEMETERY		24d. LOCATION (City, town, or county) (State) DEPT CO. MO			
DATE REC'D BY LOCAL REG. Jan 14 - 49		REGISTRAR'S SIGNATURE L.D. Karl - J. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE H.C. Barker		ADDRESS Ste Genevieve Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
Case Number 149-114
Date Filed 1-22-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Res. C. Barker

Licensed Embalmer No. 1985

P. O. Address Mr. Henevieve Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.